

BY CLAUDIA KALB AND VANESSA JUAREZ

DOROTHY GREEN HAD ALWAYS been an independent woman. A Cadillac-driving, mink-coat-wearing, Tiparillo-smoking woman. So it was especially hard on her family members when they realized that their spitfire matriarch, now 85 and suffering from dementia, could no longer care for herself. Last year Green's family moved her into a 60-bed assisted-living facility in San Luis Obispo, Calif. Green was well cared for, but she didn't like the rigid schedule. And living with dozens of other people made her agitated. "She would cry a lot," says her granddaughter and staff nurse, Teri Weitkum.

All that changed last fall, when Green moved 30 miles away into a luxury suburban home called Vista View. The stand-alone house is a long-term-care facility for people with Alzheimer's and other forms of dementia, but it feels like home. There are spacious bedrooms, wall-to-wall carpeting and a garden, where residents grow tomatoes and squash. In the mornings, Green pads around in her slippers. One recent summer day, she and her three housemates gathered for beef stew served on china plates with designer cutlery. "They treat me like I'm a somebody," says Green.

It seems so obvious: let people age the way they have lived. Today, finally, it's beginning to happen. From upscale residences in California to family-size nursing homes in Mississippi, living facilities for the elderly are undergoing an architectural and cultural makeover: big, sterile institutions are out, small, homey environments in. The need has never been greater. Today 35 million Americans are over the age of 65—by 2030, that number is expected to double. As baby boomers age into sixtysomethings, the demand for civilized living will only intensify. "We have to completely transform the system," says Rose Marie Fagan of the Pioneer Network, an umbrella group for innovative aging programs.

Nursing homes are at the top of the list. Many of the nation's 17,000 institutions are decades old and operate on an impersonal hospital model—lackluster corridors, shared bedrooms, strict sleeping hours. Enter Dr. Bill Thomas, a 45-year-old geriatrician at SUNY Upstate Medical Center, who's on a mission to revolutionize long-term care. In the 1990s, Thomas launched the "Eden Alternative," which called for humanizing big facilities by removing nurses' stations, adding plants and pets, and focusing on the staff-elder relationship. Eden was just the beginning. Today his baby is the National

Small

The newest thing in end-of-life care: residences that look—and



Green House Project, a radical shift away from large institutions to homes with no more than 10 residents each. The advantages: cozy living, privacy (individual bedrooms and baths) and time for caregivers to get to know residents—not just their

medical needs, but their life stories, too.

The project's birthplace is Tupelo, Miss., where Steve McAlilly, CEO of Mississippi Methodist Senior Services (MMSS), is making Thomas's vision a reality. Several years ago MMSS was going to replace a worn-out

k—and feel—like the house you've lived in all your life.



BETTER LIVING: Green (left) at Vista View, a Tupelo Green House (above), Vista View resident Bonnie Cusumano with her husband, Russell, and aide



140-bed nursing home called Cedars Health Center with a big new facility. Then McAlilly learned about the Green House Project. "Intuitively," says McAlilly, "it made sense." In 2003, MMSS opened the first four Green Houses in the nation. Two more launched in

June and four are expected to open by mid-September. The 6,000-square-foot single-story houses, which cost the same to live in as Cedars, have a driveway, a doorbell and a yard. Residents get to select, and even help cook, their own meals. In Mississippi, says

Jude Rabig, the project's executive director, that means plenty of okra and fried chicken. Mildred McDonald, 85, says mealtime reminds her of her childhood, when she and her seven siblings ate around a long table. "It's like family," she says. Today dozens of other Green Houses—from New York to Hawaii—are in the planning stages or have recently broken ground.

As the home-living concept spreads, questions arise: Is the medical care adequate? Is quality of life improved? Daniel Carsel, founder of Alta Vista Living, which owns Vista View, says he was prepared to witness the rough transition that people with Alzheimer's typically experience when they move. Instead, he says, many residents were settled within a day. "We were reducing medications, people were eating more," he says. Alta Vista operates a second house in California and plans to open a third this August. Rosalie Kane, a long-term-care expert at the University of Minnesota's School of Public Health, has studied the Tupelo houses for two years. Compared with traditional nursing homes, she says, residents are more satisfied and in better physical shape. And in an industry with a massive work-force-retention problem, caregivers feel more empowered and relish the personal contact with residents. The result: they're more likely to stay on the job.

Long-term-care facilities never come cheap. The average monthly price tag in a nursing home is more than \$5,000. The Tupelo Green Houses, which are licensed as nursing homes, ring in at \$4,350; Medicaid covers the cost for most residents. At Alta Vista Living, shared rooms are \$4,500 per month, private ones, \$5,500. But because the houses operate as assisted-living facilities—residents need help with daily living, but not skilled nursing care—government insurance doesn't pick up the tab. Jill Hreben, CFO of Otterbein Homes, which manages six retirement communities in Ohio, admits that she was skeptical about the business model at first. But after visiting Tupelo, Hreben concluded that the project's simple organization—no hierarchy, no separate departments for food, laundry, maintenance—would ultimately reduce costs. Otterbein is now planning to convert its own nursing homes into Green Houses. "I think the dollars are going to work," says Hreben.

The lifestyle does, says McDonald's granddaughter Sherry Wood. McDonald, who has dementia and congestive heart failure, feels right at home in the Green House she moved into this spring. "She has a smile on her face," says Wood. "She's happy." The ultimate vision for the future.

With NOMI MORRIS